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1. PURPOSE

This strategic plan was developed by the Thurston Mason Chemical Dependency Program to meet current Washington State Department of Social & Health Services, Division of Behavioral Health and Recovery (DBHR) planning guidelines addressing county-specific needs, resources, and implementation strategies for community-based substance prevention, intervention, treatment, and aftercare/support services (PITA). The plan is intended to address the service needs of low-income and indigent individuals, including persons with no income or who receive state assistance for care and support services, through Medicaid (Apple Health). Additionally, this plan integrates community priorities expressed through the Thurston Thrives and Mason County Community Health Improvement Plan (CHIP) Initiatives, the County, and its stakeholders regarding the direction of PITA services in Thurston and Mason Counties for the next two years. This plan is for the time period July, 2014 through June, 2016.

2. CONTEXT

Over the past decade strategic planning processes have been used to guide substance use disorder (SUD) prevention, intervention, treatment, and aftercare/support services and strategies implemented in Washington State counties. The last plan was developed for the six year time period of 2007-2013. This plan represents the next phase of the local planning process, which was completed during a time of significant system change and transition.

In recent years, the context within which local services are provided has changed significantly. These changes have included state movement to fee-for-service reimbursement from block grant funding, redesigning the delivery of prevention services, shortages in the number of licensed SUD or dually licensed SUD/mental health professionals needed to meet demand for services, and reductions in local government budgets for the provision of SUD services.

Some of the treatment related impacts of these changes included loss of co-occurring substance use disorder/mental health services and discontinuation of satellite offices for several programs. As prevention services shifted from local to state control, robust prevention approaches in three communities in Thurston and Mason Counties were implemented, however funding availability to multiple agencies and services across both counties were eliminated.

Additionally, federal changes for the provision of health insurance through the Affordable Care Act (ACA) legislation has increased the number of individuals enrolled in publicly funded health insurance programs (i.e. Medicaid) and expanded behavioral health benefits in the areas of substance use disorders and mental health. The ACA is an opportunity to improve the state’s publicly funded behavioral health treatment system through a focus on early identification and intervention, the use of evidence-based practices, respect emphasis on the philosophy of recovery, and cultural competency at all levels. Across different levels of government, movement toward full integration of
mental health, substance use and physical health care to improve health and advance care quality while controlling costs is valued.

Both Thurston and Mason Counties have been and continue to work on community initiatives that organize and support local efforts focused on health in the broadest sense, inclusive of wellness, resilience and self-sufficiency. These efforts have refined local priorities and connected diverse areas of work that support prevention and treatment services. New partnerships have been formed and existing collaborations strengthened as a result of these efforts, which can be found online (Thurston Thrives at www.thurstonthrives.org and Mason County Community Health Improvement Plan at http://www.co.mason.wa.us/health/community_family/healthy_future/improvement_plan.php).

3. INTEGRATION

During the 2014 Washington State legislative session, the Legislature passed Senate Bill 6312 which sets new requirements for how the state purchases mental health and substance use disorder services. This compliments the Medicaid purchasing measure found in House Bill 2572, which mandates that primary care services be available in mental health and substance use disorder treatment facilities and vice versa. House Bill 2572 also creates financial incentives for local governments to “opt in” to full integration of behavioral health with physical health care and requires that the behavioral health system provide access to recovery support services.

On a local level, Senate Bill 6312 laid out a time line for integration of Substance Use programs and Mental Health services to be completed by the year 2016. This integration will be accomplished through the creation of no more than nine Behavioral Health Organization (BHO)'s across the state. Currently, publicly funded mental health services are provided through Regional Support Networks (RSNs). The Thurston Mason Chemical Dependency Program and Thurston Mason RSN have applied to become a BHO with the support and direction of the Board of County Commissioners. By 2020, the plan calls for BHO's to be integrated with physical health services.

4. PROGRAM OVERVIEW

Oversight and accountability for the Thurston Mason Chemical Dependency (CD) Program is provided through the Board of County Commissioners (BoCC). Thurston and Mason Counties each have an elected three member BoCC. BoCC members represent geographic districts within their county and serve four-year terms. The Mason County BoCC has delegated the majority of its administrative authority regarding substance use disorder prevention and treatment services funded through the Washington State Division of Behavioral Health and Recovery to the Thurston County BoCC. The Thurston County BoCC is committed to providing regional leadership to sustain and enhance safe, healthy, diverse and vital communities for future generations.
The CD Program is located within the Social Services Division of the Thurston County Public Health and Social Services Department. This division also includes the Thurston Mason Regional Support Network, Housing and Community Renewal, Developmental Disabilities, Specialized Recreation, and Veterans’ Assistance. The staff within this Division work to collaborate and coordinate across systems toward the mutual benefits of clients. The CD Program fits within community prioritized areas of concern in both Thurston and Mason Counties. In Thurston County, the CD Program connects to Thurston Thrives priorities defined in a core set of strategy maps, specifically Clinical Care, Child and Youth Resilience, Community Resilience and Housing.

In Mason County, the CD program connects to priorities around career and college readiness, addressing poverty and combining resources to promote and empower self-sufficiency, and supporting health in the broadest sense. In addition, CD Program staff works with public health programs within the Department to promote substance use prevention and early intervention resources as requested. The CD Program carries out management, coordination and monitoring activities for substance use prevention, intervention, treatment and aftercare in Thurston and Mason Counties.

The CD Program will not exist in two years in its current form due to previously described legislative changes to the publicly funded health care system. While the CD Program continues operation through 2014-2016, the focus will remain on the mission of promoting conditions that support the health and well-being of individuals and families by operating in a manner that administers efficient and effective use of allocated resources and revenues. This is accomplished through coordination, collaboration, planning, development, implementation, and monitoring of the publicly funded substance use disorder prevention and treatment system, to delay first use, intervene early in use, support recovery, and challenge stigma.

Over the next two years, the CD Program will continue to demonstrate responsibilities for services by:

- Service planning and coordination; program funding and contractor selection; managing, analyzing, and monitoring contracted providers.
- Collaborating and partnering with the Thurston Thrives and Mason County Community Health Improvement Plan Initiatives to build and strengthen a broader connection to health and housing.
- Working with local providers on systems improvement.
- Researching, developing, and planning social services to maximize service delivery to meet the needs of the identified client population within available resources.
- Maintaining working relationships with State and local agencies across systems.
Chemical Dependency Program 2014-2016 expenditures and revenues will be impacted by budget decisions and changes made by the Washington State legislature and the Washington State Department of Social & Health Services. The current assumption being made is that the CD Program will continue to operate with current level or reduced revenue over the next two years. No increases in funding are anticipated.

5. SERVICE OVERVIEW

The Chemical Dependency (CD) Program administers, coordinates, and contracts for services for individuals at risk and/or experiencing substance use disorder in both Thurston and Mason Counties. The County contracts with community agencies to provide services that address substance use disorder prevention, intervention, treatment and aftercare, as well as related services that include but are not limited to:

- 24-hour Telephone Crisis Intervention, Information and Referral
- CJTA – Adult Drug Courts and Adult CJTA Outpatient/Inpatient
- Community Education and Continuing Education
- Community Prevention Wellness Initiative
- Intensive Case Management (local treatment sales tax)
- Involuntary Commitment
- Opiate Substitution Treatment
- Outpatient Treatment (Adult & Youth)
- Pregnant Women’s Parenting Support
- Pregnant/Parenting Women’s Outpatient
- Youth detention based Assessment, Screening, and Referral Services

Over the last six years, Thurston and Mason Counties received additional treatment expansion funds and were part of several pilot programs. These included:

- Additional opiate substitution treatment slots were authorized to reduce the waiting list. This change remains in place.
- Expanded youth outpatient services to South Thurston County (Rainier, Tenino, Yelm and Rochester). This change remains in place.
- Youth Recovery Oriented Services Pilot project in Thurston County. This program remains in place through fiscal year 2015.
- Re-entry housing case management in partnership with Transitional Housing Support Services (RCW 82.14.460 1/10 of 1% sales tax funding). This program remains in place.
- Nursing home intensive case management pilot project in Thurston County. This program has ended.

- Washington Screening, Brief Intervention and Referral to Treatment (WSBIRT) research project in Thurston County. This project has ended.

- Additional youth outpatient provider to provide outreach, screening, assessment, individualized youth and families outpatient counseling in support of co-occurring youth. This program has ended.

Partnerships with other programs have also been formed in recent years by the CD Program to support community efforts to:

- Establish and implement the Party Intervention Patrol in Thurston County.

- Conduct marijuana outreach and education to the community.

- Conduct heroin, methamphetamine and injection drug use (IDU) education and intervention effort to improve understanding of addiction and risk-reduction strategies including the Syringe Exchange.

- Train local providers and partners in the evidence-based Motivational Interviewing approach and the Motivational Interviewing Treatment Integrity (MITI) 3.1.1 Tool to report fidelity outcomes.

### 6. SERVICE PROVIDERS

Treatment services are provided by contracts with state certified chemical dependency treatment agencies for services in Thurston and Mason County. The Chemical Dependency (CD) Program contracts for specific services to be provided to priority populations which meet federal, state, and local requirements and guidelines. Thurston County Public Health and Social Services contracts with the following providers for treatment services in Thurston and Mason County:

- Alternatives Professional Counseling
  - Adult Focused Services
    - Chemical Dependency Program in the Thurston County Jail - see CJTA Thurston County Plan

- Behavioral Health Resources (BHR) Recovery Services
  - Harvest Recovery Program - Pregnant/Parenting Women in Thurston and Mason County
- Crisis Clinic of Thurston and Mason Counties
  - 24 hour Telephone Crisis Intervention and Information and Referral services

- ESD 113 True North Student Assistance Program
  - Youth Focused services
    - School and Juvenile Detention based services in Mason County
    - School and Community based services in Thurston County
    - Youth Recovery and Wellness Care Coordination pilot project in Thurston County

- Evergreen Treatment Services – South Sound Clinic
  - Opiate Substitution Therapy in Thurston County

- Family Education and Support Services
  - Moral Reconation Therapy Parenting Classes

- Northwest Resources
  - Adult Focused Services
    - Outpatient, Felony Drug Court services in Mason County, and Male Inpatient Treatment (Inpatient is currently contracted directly with DBHR)
    - Outpatient, Intensive Case Management, and Housing Case Management in Thurston County

- Providence St. Peter Chemical Dependency Center
  - Adult and Youth Outpatient Services, Involuntary Treatment, Juvenile Drug Court services in Thurston County

- Sea Mar Community Health Centers
  - Adult focused Spanish speaking outpatient treatment in Thurston County

- Thurston County Superior Court
  - Adult DUI/ Drug Court

The Division of Behavioral Health and Recovery contracts directly with ESD 113 to provide school based Prevention, Intervention, Treatment specialist in the schools of the selected Community Prevention and Wellness Initiative (CPWI) communities\(^1\). Thurston County Public Health and Social Services contracts with the following entities for the community building portion of the CPWI services in Thurston and Mason County. For more detailed information, please see Appendix II.

- TOGETHER!: Rainier and Tenino in Thurston County
- Mason County Public Health Department: Shelton in Mason County

\(^1\) www.dshs.wa.gov/pdf/publications/22-1464.pdf
7. CONTRACT OVERSIGHT

Thurston and Mason Counties are and will continue over the next two years to utilize the following methods to measure and monitor the results of Chemical Dependency (CD) Program contracted services.

a. Agencies that receive funding must demonstrate that they function according to statement of work and contract requirements and produce desired results.
b. Agencies are monitored on a monthly basis through SCOPE and TARGET.
c. A thorough review is conducted by CD Program staff through onsite monitoring visits once every two years with an additional Medicaid billing audit every year.
d. Programs and services identify, reach and serve those populations with the greatest need (priority populations) and contracted agencies produce reports indicating their outcomes in these efforts.
e. Complete a Request for Qualifications to prepare expansion of Medicaid Substance Use & Co-Occurring treatment services network.

8. SPECIAL POPULATIONS

The CD Program contracts with Behavioral Health Resources to meet the specialized needs of pregnant, post-partum and parenting women through the Harvest Program. Services provided include: Outpatient, intensive outpatient, individual sessions, case management, aftercare, parenting classes, seeking safety trauma treatment, housing supports and child care.

Contracts specify the expectations for receipt of funding and cover requirements to ensure child care and prenatal care services are provided. The CD Program requires regular reporting on the elements of the contract and the maintenance of documentation that shows child care was offered. Though they do not offer the range of specialized services available through the Harvest Program other CD Program contracted providers serve women who are pregnant, post-partum and parenting and are available if the individual chooses to receive services through them.

9. WORKFORCE DEVELOPMENT

Continuing Education and Training Grant (CETG) funds are for education and training opportunities that will increase Thurston and Mason County's capacity to implement evidenced-based substance use prevention, treatment, and co-occurring disorders treatment programming. The Chemical Dependency (CD) Program uses these funds to support educational programs, training projects, and/or professional development programs directed toward educating the community and improving the professional and clinical expertise of contracted substance use prevention and treatment staff.
Examples of training that has been funded and may be considered over the next two years includes, but is not limited to: delivering evidence-based programs, current science and findings in the field, clinical supervision, Crisis Prevention and Intervention (CPI) Training, cultural competency, DSM-5, HIPAA and Confidentiality, Moral Reconation Therapy, and Motivational Interviewing.

10. SERVICE COORDINATION

Substance use disorder (SUD) services are coordinated on multiple levels. At the service provider level, Chemical Dependency (CD) Program contractors and other providers attend Partnership Meetings every other month. These meetings cover updates from the Association of County Human Services (ACHS) and the region, guest speakers from other systems such as criminal justice, the Health Care Authority and other providers who have services that may support clients. The meetings are also used for collaboration, resource identification, networking, and discussing trends that are showing up in the front lines. The CD Program will continue to support these meetings over the next two years.

A. Community level

   At the community level, CD Program staff participate in a range of coordination and planning groups such as:

   1) Drug Action Team where resources are discussed
   2) Thurston County Juvenile Justice Coalition where missed opportunities and disparities are identified
   3) Thurston Women’s Health Coalition around the need for enhancing gender-responsive programs
   4) Meetings around the needs for technical support in the areas of substance use disorders (SUD) as requested by local agencies.

   Regular meetings will also occur between the CD Program and Regional Support Network (RSN) to identify opportunities to better serve clients. CD Program staff will continue to attend and respond to invitations to provide information/education over the next two years.

B. Policy Level

   At the policy level, the Board of County Commissioners for both Mason and Thurston Counties have participated in the Central Western Washington Regional Health Improvement Collaborative (RHIC), which convened dialogues between health plans, state agencies and community partners to execute healthcare reform effectively and prioritizes medical care and social service initiatives based on a periodic review of emerging issues.
Focus areas of the RHIC included an inadequate funding for service priorities in housing, substance use treatment and behavioral health system support for community alternatives to incarceration. Executive leadership has expanded to a seven county collaboration, the Cascade Pacific Action Alliance to continue improvement efforts to regionalize health system improvements in accordance to Thurston Thrives and Mason County Community Health Improvement Plan goals and strategies.

C. Thurston Thrives

The CD program works with community led health improvement efforts to support connection of needed services with local priority goals, objectives and strategies. In Thurston County this involves collaboration and participation with the Thurston Thrives initiative. Thurston Thrives provides new opportunities to assure that coordination of care, targeting of substance use disorder (SUD) risk and protective factors and support of community initiatives as the community moves forward.

Thurston Thrives collaborations occur in nine different areas of community concern. Teams gather and have strategized action steps and strategic goals in the areas of: Child and Youth Resilience, Clinical Care and Emergency Care, Community Design, Community Resilience, Economy, Education, Environment, Food, and Housing.

Coordination opportunities and information generated from Thurston Thrives will be incorporated into the work of the CD Program over the next two years.

D. Mason County Community Health Improvement Plan

In Mason County, the CD program will work toward enhanced coordination with and connection to Mason County Community Health Improvement Plan initiatives in a way that compliments and supports the community’s vision for integrated care and community interventions and supports.

Mason County Community Health Improvement Plan collaborations work to partner with the community to strategize ways community resources are used to best support individuals in self-sufficiency and “mobility-mentoring”.

Mason County Community Health Improvement Plan initiatives included development of a health improvement plan for the community that focuses on housing, healthy environments, work, nutrition, and functional families.

Coordination opportunities and information generated from Mason County Community Health Improvement Plan initiatives will be incorporated into the work of the CD Program over the next two years.
11. NEEDS ASSESSMENT

The Chemical Dependency (CD) Program of the Thurston County Public Health and Social Services Department collaborated with various agencies to assess Thurston and Mason Counties needs in the areas of prevention, intervention, treatment, and aftercare (PITA). This collaboration was undertaken to inform the development of this two year strategic plan. The following types of agencies and groups participated in the process:

- Thurston/Mason Chemical Dependency County Contracted Treatment and Prevention Providers
- Schools, School Districts and Educational Service District
- Local Government Elected Officials
- Community-Based Private Non-Profits
- Adult and Juvenile Justice Officials and Staff
- Recovery Support Service Providers
- Thurston Council for Youth and Children/Thurston Thrives Child & Youth Resilience Action Team

Thurston and Mason Counties have varying demographics and needs. The agencies collaborated in their process where appropriate, but each also conducted their own assessment with various community groups and populations. An assessment of service gaps and barriers was initiated by the CD Program and collected through an online survey. Data sets reviewed include the Healthy Youth Survey, Washington State Behavioral Risk Factor Surveillance Survey, Death Certificates, Hospital Discharge Data and Uniform Crime Reports.

Additionally, a range of existing data reports were reviewed and considered by the CD Program to inform this plan including:

- 2014 Mason and Thurston Counties Risk & Protection Profiles for Substance Abuse Prevention – Washington State Department of Social & Health Services, Research & Data Analysis Division
- 2013-2014 Enrollees in Medical Programs By County Reports – Washington State Health Care Authority, ODS Data Warehouse
- 2012 Mason County Data Series – Mason County Community Health Improvement Plan
- 2013 Mason County Community Health Assessment – Mason County Community Health Improvement Plan and Mason County Public Health Department
- 2013-2014 Thurston Thrives Data Snapshots and Strategy Maps – Thurston County Public Health & Social Services Department
- 2010-2013 Thurston County Treatment Sales Tax Annual Reports – Thurston County
- 2014 Thurston Community Resources for Family Health and Well-Being Survey – Thurston County Public Health & Social Services Department
Findings from the process can be found in the appendix titled Community and Treatment Data summaries.

12. EXISTING SERVICES FINDINGS

Substance use disorder (SUD) services are viewed as existing on a continuum of prevention, intervention, treatment, and aftercare. A comprehensive substance use continuum combines many programs, policies, and practices in order to produce significant changes and reduce substance use in communities. A continuum of care may include local services ranging from prenatal parenting classes, to student assistance programs, to outpatient, detoxification, and residential treatment, to community-based ongoing sobriety support services. This Continuum of Care model helps demonstrate the multiple opportunities for addressing behavioral health.

In the area of substance use disorder (SUD) prevention, the following services were identified as currently available locally. Some of these services are provided by CD Program funding, however many are supported by other local, state and federal resources.

- Mason County Evidence-Based Prevention Services:
  - MRT Parenting Classes (Family Education and Support Services)
  - Project ALERT and Project SUCCESS (Educational Service District 113)

- Thurston County Evidence-Based Prevention Services:
  - Mentoring (Big Brothers Big Sisters of Southwest Washington)
  - MRT Parenting Classes (Family Education and Support Services)
  - Nurse Family Partnership (Thurston County Public Health & Social Services Department)
  - Parents as Teachers (Community Youth Services)
  - Project ALERT and Project SUCCESS (Educational Service District 113)
  - Strengthening Families, Say it Straight, Media Detective, and SPORT (TOGETHER!)

Additional prevention efforts include Shelton Students Against Destructive Decisions, a Squaxin Island Tribe Community Mobilization Specialist and Skokomish Tribe After School/Summer Programs in
Mason County and the Party Intervention Patrol in Thurston County. Other services that address specific risk and/or protective factors for substance use are offered in both counties.

Based on local data, community surveys and results of local planning processes the youth risk factors of concern and protective factors of interest for substance use prevention in Mason and Thurston Counties include, but are not limited to the following:

- **Risk Factors**
  - Favorable Attitudes Toward Substance Use/Low Perception of Harm
  - Family Management/Inadequate Parental Supervision or Monitoring

- **Protective Factors**
  - Social Skills
  - Academic Competence
  - Family Support/Supportive Adults

Both Mason and Thurston Counties identified a need for expanded SUD services. Please see Appendix 3: Community and Treatment Data Summaries.

### 13. TREATMENT AND EXPANSION

Substance use disorder (SUD) treatment funded services for the next two years, 2014-2016, will continue based on available funding. The Chemical Dependency (CD) Program will be flexible and plan for fluctuating funding streams, as well as working with providers to be ready for services to roll into the BHO, and the potential changes in reporting, billing, and management of care that come with this change.

To support implementation of SUD treatment services and opportunities to expand services in Thurston and Mason Counties, the CD Program will support efforts to increase funding through collaboration with Washington State Department of Social & Health Services, Division of Behavioral Health and Recovery (DBHR) and other funding resources. A CD program review of admission trends among all priority populations documents an overall increase in admissions. This information along with increased numbers of Medicaid eligible residents as a result of legislative changes is anticipated to result in a need for greater capacity among CD Program and SUD treatment services.

Over the next two years, the CD Program will continue to serve all designated priority populations (e.g., Medicaid eligible persons, pregnant persons, pregnant intravenous drug users, and people using intravenous drugs). In addition, efforts will focus on responding to findings from the needs assessment and community input which indicates the following:

- Increasing use of evidence-based practices among contractors and partners.
- Addressing availability and access to detoxification services.
• Maintaining and assuring availability of co-occurring disorder services, including Intensive Case Management.
• Monitoring wait lists and supporting efforts to reduce the time between placement on the list and receiving a recommended service.
• Working with local public and private non-profits to identify alternatives and options to fund services for priority populations.
• Opportunities to address individuals in need of co-occurring services and in one place, with one primary clinician.
• Identifying and supporting efforts that reduce stigma.

CD Program contracted agencies are encouraged to prepare to apply to become dually licensed through the State of Washington to serve individuals with co-occurring behavioral health needs (SUD/mental health). This will improve the spectrum of evidence-based prevention, intervention, treatment and aftercare services available for co-occurring disorders.

14. RECOVERY ORIENTED SYSTEMS

The Substance Abuse Mental Health Services Administration (SAMHSA) defines recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The four major dimensions that support a life in recovery, according to SAMHSA include:

a. Health: Overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way
b. Home: A stable and safe place to live
c. Purpose: Meaningful daily activities, such as a job, school, volunteerism, family, caretaking, or creative endeavors and the independence, income and resources to participate in society,
d. Community: Relationship and social networks that provide support, friendship, love, and hope.

SAMHSA’s guiding principles of recovery include:

• Emerges from hope
• Person driven
• Occurs via many pathways
• Holistic
• Supported by peers and allies
• Supported through relationship and social networks
• Culturally based and influenced
• Supported by addressing trauma
• Involves individual, family, and community strengths and responsibility
• Based on respect.
In an effort to increase awareness of these principles and the meaning of recovery, the Chemical Dependency (CD) Program began using social media to communicate with new and diverse community audiences. The CD Program Twitter account has now been in place for one year and Facebook account less than one year. Both will be continued over the next two years.

Twitter:  @preventionreco or https://twitter.com/preventionreco

Facebook:  Hope Encourage Empower or
            https://www.facebook.com/pages/Hope-Encourage-Empower/729044370486431

The CD Program and key partners launched a Youth Recovery Oriented System of Care (ROSC) pilot project in Thurston County. This system change approach works to address the whole person in addressing recovery supports. While this funding will end in fiscal year 2015, a learning collaborative involving a broad spectrum of community partners will be convened before that time to strategize ways community collaboration can support our youth working on recovery, based on what has been learned in the pilot project.

Coordination with Thurston Thrives and Mason County Community Health Improvement Plan furthers the work coordinating PITA services with housing, employment, child care, purposeful connection to the community, health and hope. These approaches dovetail with traditional prevention and treatment to support holistic recovery in a person centered manner that is individualized, no wrong door, and supportive of sustained recovery for the individual. The work is in its infancy, but is anticipated to be a key point in full system integration with behavioral and physical health.

15. REPORT ACCESS

Questions about this report and requests to receive the document in an alternative format if needed to obtain access, can be directed using the contact information below. For convenience, a copy of this report is available at our website.

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